

THE MILITARY CHAPLAIN MINISTERS TO THE DRUG ABUSER

SUBCOURSE 85/7

MILITARY WRITING

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INTRODUCTION

Ours is a drug-taking society, where a host of different drugs are used for a variety of purposes--to restore health, lessen pain, induce calm, increase energy, create euphoria, and enhance sleep or alertness. Today many substances are available to swallow, drink, or inhale which can alter mood or state of consciousness. Unfortunately, a number of substances which have legitimate and therapeutic use are subject to abuse. There is also a long list of drugs and chemicals with no known medical use but with potent capacity to alter feelings and behavior.

The abuse of drugs is a very serious problem with grave consequences for the military structure. Unlike civilians, those in military service have a special dependence upon each other. The lives of all those on a Navy ship depend on the alertness of the man assigned to certain watertight doors. Each member of a Marine Corps patrol is dependent on his buddies for survival in a combat situation. There are no "passengers" in a fighter aircraft or bomber. or in the Army's tanks. No commander can gamble the fate of his unit, ship, plane, or tank due to the unpredictability of a man who may be under the influence of drugs.

Obviously, the drug abuser in military service is a detriment to himself, his unit, and to the overall mission of national security. This fact has led to the following statement by the Department Task force on Narcotic and Drug Abuse:

The illegal use of drugs by members of the Armed Forces is a matter of concern that requires intensive, coordinated departmental effort for its control and elimination. The heavy responsibilities of members of the Armed Forces make drug abuse by any member a matter of serious concern which dictates intensive effort to eliminate it. The Department of Defense acknowledges responsibility for protecting the young, impressionable members of the Armed Forces overseas against dangers of using drugs which may have a seriously damaging effect on their health and welfare.¹

The above statement demonstrates the military's grave concern regarding the misuse of drugs in the Armed Forces. Congressional Re-

ports, Senate Investigating Committees, and Department of Defense Intelligence personnel are presently attempting to define the extent of abuse and project programs of an educational nature to offset the impending problem.

The purpose of this paper is to reflect upon the role of the military chaplain in the understanding and counseling of the drug abuser. Mine is a positive approach which attempts to encourage fellow chaplains to understand his role as a chaplain-pastor and to sharpen his counseling skills so that he may be better equipped to minister unto those military persons who have been entrusted to his care. Much of what is being shared and suggested in this paper comes through the writer's own personal experiences as a pastor, mental health director and chaplain.

THE CHAPLAIN AS A KEY PERSON

The military chaplain's duty is to assist the commander in all matters relating to morals, morale, and religion. He is the pastor of the command. He conducts or arranges worship and religious activities for the whole command. He counsels personnel concerning moral and religious problems. He conducts personal interviews for inductees. He acts as one of the commander's advisors and consultants for character guidance. In general, it may be said the chaplain is the liaison between the military and civilian community in the fields of morality and religion.

The chaplain performs chapel and pastoral related duties which include making preparation for religious services, preparations for pastoral visits, and preparation for individual sacraments. Since he often is called upon to work on a one-to-one basis, he must understand the purpose of pastoral care and understand the necessity of using tact and courtesy towards those who seek him for pastoral counsel. He must, of course, display maturity of the highest order, since a significant por-

tion of his duties involve contact with confidential and privileged information.

The military chaplain is somewhat unique in the structure of the armed forces. He is first of all a man of God, with specialized training designed to help others in the military life. He volunteered to serve, not because he believes in war, but because he believes men in the armed services are as much in need of spiritual support as the civilian--perhaps more so. The chaplain belongs ultimately to God, but he also belongs to the system. While he is under the direct supervision and accountable to the commanding officer, his primary concern is for the spiritual and moral life of the individual soldier. It might be said that the chaplain serves as a buffer between the lowest ranking soldier up through the chain of command, to the highest officer of the command. The chaplain is a part of the system, but he is committed to the individual soldier without regard for rank.

A good chaplain will make himself available to the men in his unit. The most respected chaplain will be with his men during their daily activities. He will attempt to know his men by first name and will attempt to set a high moral standard for the men to follow. Although the chaplain may be referred to as the "sky pilot", "holy joe", or the "God squad", still most men will respect him and often seek him out for advice and counsel.

Because the military chaplain is accessible to the soldier regardless of the rank differences, he is in a unique position to work with the drug addicts. Chaplain (Brig. Gen.) Gerhardt W. Hyatt, former Army Chief of Chaplains, remarked in a Command Chaplain's Conference:

It's really the chaplain who must solve the problem of drug abuse in the Army. The medical role is one of treatment and healing, but you can treat and heal, treat and heal over and over again . . . It's up to the chaplain to open the man up

spiritually and find out what's bothering him. He may then apply the word of God and the gospel or his message and his spiritual therapy to heal the man's spiritual wounds, which initially caused the drug abuse. Since chaplains do have the confidence of the men to a large degree, I think they are being successful in their approach.²

This statement is very complimentary to the chaplain's corps, perhaps too much so. It has, however, been the experience of this writer that most chaplains are extremely concerned with the problem of drug abuse and are energetically working with thousands of young men caught up in the horrors of addiction.

Chaplains normally work at two levels on drug abuse: prevention and treatment. Every chaplain is expected to work with men in his unit on an individual basis, and in groups, to persuade and educate them away from drug abuse. In order to be qualified to do this, it is important that the chaplain be well prepared. In this paper, the writer is attempting to set forth several elements which he feels are extremely important for the chaplain in working with the drug addict. First, comes the chaplain's view of himself as a person and the evaluation of his own anxieties. Secondly, he must train to be a wise counselor. Thirdly, he must be aware of referral resources. We now examine these three areas.

THE CHAPLAIN MUST DEAL WITH HIS OWN ANXIETIES

It should go without saying that if the military chaplain is to help others toward good, realistic, mental health, he must himself be a man of stability. "Physician heal thyself" is as applicable today as when Jesus said it 2,000 years ago. Emotionally ill chaplains caught up in the confusion of their own instability would tend to perpetuate the pathology of their troops. Fortunately, the majority of chaplains are mature, intelligent and devoted to their profession. But there is enough of the other kind to constitute one of the important problems

of the military religious program. Learning to deal with one's own emotional make-up is one of the first prerequisites in this area of working with the drug addict. We have already determined that the drug addict usually has a history of social inadequacy, a low capacity for handling stress, a need for dependence, latent hostilities, guilt, anger and other signs of neurotic intrapsychic conflicts. Not only must the chaplain understand how to relate in the midst of these varied emotions, he must also search his own level of emotional maturity.

Just as this writer suggests that all incoming servicemen receive some psychological evaluation prior to active duty, even more so does he recommend that every chaplain be subjected to a battery of psychological examinations or psychotherapy sessions prior to being given full responsibility to counsel with the troubled soldier.

The writer also believes it is extremely important for all chaplains in a command to meet together regularly in order to simply share moments of frustration as well as joys in the faith. Only in this way can real therapeutic love for one another be shared. Many ministers and chaplains have developed rather severe emotional problems simply because there was no such opportunity to "free associate" with colleagues concerned with each other's spiritual and emotional health.

It is further vitally important for the chaplain to strive for good relations with the commanding officer and the commander's executive officer. If there is "bad blood" between these persons, the chaplain's ministry can be a nightmare of frustration and heartache.

Let the chaplain not neglect his own spiritual life. A carefully planned personal program of "devotional care" can greatly help in pastoral care. A few moments with God prior to beginning a busy day can also help in maintaining the chaplain's emotional balance.

The chaplain must maintain a good sense of humor. In the opinion

of this chaplain, the best way to do this in the military is to get out of the chapel office and go where the men are. Not only will the chaplain get many ideas for his sermon, but he will hear and see many funny things which will add interest to his life. If the chaplain really is concerned with is men, he will be with them. The men will respect him more, they will honor him by their presence at Church Call, he will open the door for more counseling sessions and his ministry will be more meaningful.³

The chaplain must be fully aware that he can not solve all the many and varied problems which come to him daily in the active chaplaincy. He must, of course, do all that is humanly and divinely possible, but beyond that point, he must remember he is but a mere human being.

Above all, let the chaplain always be reminded that he is in the "greatest business of the world," and is never alone in his ministry to those whom he has chosen to serve.

THE CHAPLAIN MUST BE A WISE COUNSELOR

If the chaplain has learned to handle his own emotional problems and is mature in his judgement, he will be a long way toward being a wise and respected counselor. Whether or not he is called upon as a counselor will depend to a great deal upon his reputation for being fair and objective. Soldiers will not seek counsel from those for whom they have no respect, who will not listen objectively to their problems, and who will not handle their session in strict confidence.

There is a sense in which the aims of pastoral counseling are the same as those of the church itself—bringing people to Christ and the christian fellowship, aiding them to acknowledge and repent of sin and to accept God's freely offered salvation, and helping them to live with themselves and their fellowmen, even in the midst of difficult circumstances. Wise counseling can enable men to live with faith and confidence instead of doubts and anxiety, bringing inner peace where

discord reigned before. Broadly speaking, the aim of the chaplain's counseling session may be stated as an attempt to help the soldier help himself, through the process of gaining understanding of his inner conflicts. In this respect the chaplain can help the soldier through a period of emotional reeducation.

Counseling with the drug addict is very similar to the alcoholic, and as such, the counselor must be aware of some real pitfalls. The addict has several potent weapons which can destroy the effectiveness of the counselor to counsel with him, the first of which is often the ability to make the counselor angry, and to arouse disgust or criticism. If the chaplain becomes angry or irritated when dealing with the addict, he is defeated the moment his anger appears. The addict is often so convinced of his own failures and lack of worth and is so filled with self-hatred, he seeks confirmation of this hatred in others. If the chaplain expresses anger, this confirms the addict's self-hatred and increases his guilt. Regardless of the circumstances, if the chaplain loses his temper, he has lost control of the counseling situation. The second crippling technique employed by the addict is that of placing the burden of his anxiety around the chaplain's neck. If the chaplain permits this, the addict may then attempt to get on the chaplain's back and ride! It is well for the chaplain to remember that he should not do that which the addict can do for himself. The chaplain who can be manipulated into a position of fulfilling dependency needs, or doing things which the addict must ultimately learn to do for himself, is adding further injury to the addict and postponing his recovery. A third weapon which must be considered is the fact that a great many addicts possess a large degree of guilt, sometimes real—but often neurotic. These guilt feelings can be projected against the chaplain as he seeks to minister to the individual. The chaplain is regarded as "God's executive officer" or at

least His "first sergeant". No matter how much skill the chaplain may have, he may be rejected by the addict. The chaplain will therefore be aware of the guilt, accept it for what it is and not permit it to become a barrier to the counseling effort.

Having looked briefly at some of the usual pitfalls of which the chaplain must be aware in counseling the addict, let us now consider the counseling relationship. Those who are likely to read a study such as this are most likely well-grounded in counseling theory and techniques. There are almost as many different counseling theories as there are denominations. There is the social adjustment view, the inner release view, the objective-ethical view, the Christian theological view, the reality therapy view, the non-directive, client-centered view, the psychotherapy view, plus several other views. The point this writer wishes to make is that no one counseling theory will suffice for every encounter with the drug addict. This writer was trained in the non-directive, client-centered theory and has had some success with this approach. However, this may not be true for others. Indeed, Chaplain Max P. Metcalf of Bayside, New York prefers an entirely different approach and justifies it very well. He said:

It is my firm conviction that a chaplain should not undertake long-term counseling with a drug abuser. The exception would be if he is a chaplain who is well trained in methods of confrontational counseling or reality therapy. The reason for this is that most pastors and chaplains who have been educated in counseling or supervised Clinical Pastoral Education will be oriented in non-directive, client-centered counseling methods. It is commonly agreed among psychotherapists and psychiatrists that non-directive, client-centered counseling or therapy does not work with sociopathic personality disorders. My own pastoral ministry with inmates the last four years leads me to agree. It becomes doubly true when a sociopathic disorder is compounded with a drug abuse problem. What is required in long-term counseling with these counselees is a long and involved process of re-educative behavior modification. Usually this can be done in a place where control can be constantly maintained over their antisocial acting-out behavior.⁴

Not all would agree with Chaplain Metcalf's view. For him the idea of "behavior modification" is very important. For others, it may appear too manipulative for comfort. The point is, it is very difficult to be an expert in counseling with any theory because the addict's view of himself is constantly being altered by various drugs. The wise counselor will be prepared to vary his counseling approach, depending upon the person to whom he may be attempting to relate.

The wise counselor will be completely open and honest with the addict. The counselor must not promise anything he cannot deliver. The addict who is truly seeking help is mustering up all the "guts" he has in order to face his addiction, and the counselor should, of course, encourage this self-examination. As one reviews the Ten Steps of Narcotics Anonymous, he sees that numbers 3, 4, and 6 are attempts at honest appraisal:

3. I will find a person or group with whom I can be honest about my weaknesses and with whom I can share the exact nature and depth of my addiction.

4. I will admit to this friend or group my shortcomings and outline the way I am trying to overcome them.

6. I will take a daily inventory of my activities and begin eliminating those which are contrary to good conscience.⁵

The wise counselor will demonstrate real respect for the counselee. The drug addict needs understanding, not pity or scolding. The scalping method has never been a legitimate form of counseling. If the chaplain can not respect the addict as an individual with the potential to overcome his addiction, then the chaplain should begin to look for one of the referrals listed in the appendix. Let the chaplain respect those who come to him. The addict respects the chaplain enough to bare his life to him. Should the chaplain do less, therefore, than show a humble respect?

The wise counselor must clarify ethical issues, not moralize, condemn, or coerce. One of the real temptations is at this point. After all, the chaplain is supposed to be an expert in the area of ethics, good and evil, etc.! Let the chaplain who believes this throw the first stone! The chaplain must be honest, humble, and truthful in his relationship with the addict. The chaplain who moralizes, condemns or coerces the addict who comes to him lacks insight and Christ-like love. The key word in working with the addict is acceptance--acceptance in spite of what the person is or has been. The wise counselor will not be destroyed if it appears he has failed in the counseling role with the addict. It is a difficult task to counsel with a long-time addict. The chaplain may fail to reach the person or be successful in helping him obtain new insights into his problem--but better to have tried and failed, than never to have tried at all! It is entirely possible that the chaplain may plant a seed which will bear fruit at a later time.

It is rarely ever wise for the chaplain to use religious resources in the first few sessions. The addict may want and need the strength and help of religion, but most addicts are skeptical of the chaplain who wants to pray over the individual during the first session. It is far better to build a good rapport and then use the benefits of prayer, scripture and sacraments. Regardless of when the religious resources are used, let it be done with great care and moderation. Remember, however, there are no limitations on your use of prayer for the addict while in your private closet.

It is wise for the chaplain to set some personal guidelines for himself as he undertakes the counseling responsibility. Below are guidelines which the writer feels is worth considering:

1. Don't allow the addict to lie to you and accept it for the truth, for in so doing you encourage this process. The truth is often

painful, but get at it.

2. Don't let the addict outsmart you, for this teaches him to avoid responsibility and lose respect for you at the same time.

3. Don't let the addict exploit you or take advantage of you, for in so doing you become an accomplice in his evasion of responsibility.

4. Don't lecture, moralize, scold, praise, blame, threaten or argue with the addict. You may feel better, but the counseling situation may be destroyed.

5. Don't accept promises or excuses for behavior for this is just a method of postponing pain. In the same way, don't make agreements and fail to keep your end of the bargain. If an agreement is made, stick to it.

6. Don't lose your temper and thereby destroy your opportunity to relate calmly with the addict.

7. Don't allow your anxiety to compel you to do what the addict must do for himself.

8. Don't cover up or abort the consequences of drugs. This may reduce the crisis but will perpetuate the illness.

9. Don't put off the facing the reality that drug abuse is destructive and gets increasingly worse as drug intake continues.

10. Don't expect to be successful in every case. This is an excellent goal, but an unrealistic one. Do what you can, but remember, you are not God.

THE CHAPLAIN MUST BE AWARE OF REFERRAL SOURCES

Fortunately, the chaplain does not stand alone in his efforts to help the addict and his family. During the last few years, enlightened people have come to view the drug abuser as one who is in need of help. To this end a number of agencies, both private and public, have sought to render help to the addict.

Too often both the minister and chaplain have sought to rely upon their own localized resources. As talented as one may be in the area of counseling, there are times--many times it will be advisable to refer the addict to another person or agency. Sincerity and honesty are essentials in dealing with the addict. If a chaplain discovers the addictangers or distrusts him, it is better not to counsel the person. The same is true for chaplains who begin to enjoy the addict's dependency needs, or other such psychological needs.

Dr. Wayne Oats has described this referral process as the "ministry of introduction".⁶ There are three aspects of this ministry. First, as a representative of God, the chaplain introduces individuals to God as He is revealed in Jesus Christ. Secondly, the chaplain is continually meeting persons and forming durable relationships with them. Thirdly, the chaplain introduces individuals to each other and to persons who can enable them to help themselves by providing them with the rich resources that friendship, professional skills and clinical experience can afford.

The "minister of introduction" does not break his own relationship with the individual. Rather, he enriches the relationship through the inclusion of other concerned and helpful people. Through acceptance, permissiveness and intelligence, the chaplain can get at the real problem, and can effectively help the addict discover alternatives, come to accept himself as he is and be encouraged to seek further help.

Above all, the chaplain will not become another weapon in the hands of the military to effect punishment. Yes, the chaplain should counsel. Yes, the chaplain should advise. Yes, the chaplain should stand behind military discipline. Yes, the chaplain should seek referral assistance--but never should he condone brutal and dehumanizing treatment toward the addict through improper referral. Let the chaplain not become that "one too many" and spoil the real potential for help later

when the time becomes ripe. Chaplains probably have more opportunities than any other professional in the military in helping the soldier construct some real meaningful spiritual resources. As the professional, he will not be ashamed to seek additional help.

But where does the chaplain refer? The chaplain should look for resources available in the form of hospitals, research centers, and halfway houses--but these normally come after the soldier is nearly destroyed by drugs. At this point, it is well to share with the reader one of the great strengths which the military system has in its "teamwork concept".

The teamwork concept is the ultimate in referral cooperation. The whole chain of command, from the sergeant up to and including the commanding officer of a unit, is designed to work for the welfare of the individual soldier. Too often this is forgotten by the sergeant and officers, but a wise commander knows his unit is as strong as his weakest soldier. A wise commander is concerned with every soldier in his unit. He knows that without the soldier, there can be no mission. The commanding officer uses the chaplain as a special staff officer to see that each individual has access to someone who can assist him. The chaplain is often considered the hub of the teamwork concept. He may travel up or down the chain of command, using his influence (which is more than most like to admit), entering otherwise closed doors and seeing people who are normally inaccessible--all this he does to help the men of his unit, not glorify himself.

The chaplain should work hard to establish good relations with the other chaplains, the military medics, judge advocate, provost marshal and others so that as a team they may work toward helping salvage the abuser.

The chaplain will not only use all the referral sources available at the installation, but he will also pursue those persons or agencies in

the civilian community which can be of assistance. The reader will find a listing of several referral sources in Appendix C of this study.

CONCLUSION

This paper has been directed primarily to the military chaplain and his concern for helping the drug addict or drug abuser. It was noted in the paper that the chaplain can be a key person in the military system in dealing with this problem. Through self understanding, wise counseling procedures and proper use of referral sources the chaplain can be a very valuable aid to his Commander and the men and women of his unit.

The important element to note in this closing section is the fact that all indications point to a current decline in the problem of drug abuse in the armed forces. It now appears that drug abuse is less of a military problem than it was a few years ago. There are at least two good reasons for the above statement: First, the military establishment has succeeded in its educational program or "psychological warfare" against drugs. Some of the material in Appendix A and B have greatly helped in the education and prevention of drugs. Secondly, the availability of drugs is much less than in previous years. This is likely due to the law enforcement crack downs, heavier fines and longer jail sentences for the pusher.

On the basis of his own experience, there is a third factor which this writer sees which has helped curtail some of the drug abuse problems for civilian and military persons. It is a belief that our young people are getting smarter or at least more aware of the overall consequences of drug usage. The writer has determined that young people no longer believe that drugs can offer them any permanent peace and happiness. As one young person said, "When you come down off the high, the problems are still there. We're no wiser and the problems are no less than they were before. We have to look at the realness of life and try to put it all together."

The trend now appears to be toward realism, not fantasy. Young people are currently saying that "life can not be beautiful" when one is enslaved to a habit which upsets his physical, emotional, ethical and social balance.

Despite what has been said above, the problems of drug abuse are far from being over, either for the military or the civilians. As long as people are in need of psychological crutches, as long as drugs are available, and as long as it is profitable to the underworld figures, we will continue to have the problem of drug abuse. Military and civilian authorities are both busy working out ways to help control the problem. This is healthy and will inevitably produce more favorable results, Until the problem is erased entirely, which may be a long time, it behooves the civilian clergyman and the military chaplain to sharpen their counseling techniques and be thoroughly knowledgeable regarding drugs, drug related problems, and available referral sources.

ANDREW M. LANEY
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APPENDIX A

EDUCATIONAL MATERIAL - LITERATURE

This literature is available from the United States Government Printing Office, Washington, D.C., 20301.

"Before Your Kid Tries Drugs," Catalog No. FS 2-22:D. 84/10.

"Don't Guess About Drugs When You Can Have The Facts," Catalog No. FS 2.22/13: D 84/2

"The Use and Misuse Of Drugs," Catalog No. FS 13.111: 46/2

"The Up And Down Drugs, Amphetamines and Barbiturates," Catalog No. FS 2.22: Am 7/969

"LSD, Some Questions And Answers," Catalog No. FS 2.22: L 99.

"Marihuana, Some Questions And Answers," Catalog No. FS 2122: M 33.

"LSD-25, A Factual Account," Catalog No. J 24.8: L 99.

"Young Scientists Look At Drugs," Catalog No. FS 13.111: 45/2.

"Resource Book For Drug Abuse Education," Catalog No. FS 2.22: D 84/12.

"Narcotic And Drug Abuse," Catalog No. Pr. 36.8: L 41/N 16.

"Drugs And You," Catalog No. D 2.14: FS 51.

"Respect For Drugs," Catalog No. J 24.8 D 84.

"Hooked!" Catalog No. FS 2.22: H 76.

DA Pamphlet 360-602 "Drugs and You".

DA Pamphlet 360-530 "Drug Abuse: Game Without Winners".

Commanders Digest. See items dated: 25 October 1969, 13 December 1969, 27 December 1969, 14 March 1970 and 18 April 1970.

"Handbook of Federal Narcotic and Dangerous Drug Laws," Catalog No. J 24.8: N 16.

APPENDIX B

EDUCATIONAL MATERIAL - FILM

These films are available from the Office of Information for the Armed Forces, Department of Defence, Washington, D.C. 20301.

"The Hang Up," (AFIF-189) A dramatic presentation of the harmful effects of drug abuse. The film discusses the moral, physical, psychological, and legal consequences of its use.

"Trip to Where," (AFIF-139) Emphasis is placed on the effect of LSD and the consequences of its use.

"Marijuana," (AFIF-196) Questions are posed and answers are given by youths who state their reasons either for using "pot" or why they do not need to use it.

"Trip Back," (AFIF-197) A straightforward, hard-hitting, give-and-take session with the youth.

"People vs. Pot," (AFIF-198) This film explores the causes and effects of the use of marijuana with special emphasis placed on use by military personnel. The cases depicted are true.

Pentagon Forum: Four Pentagon forums (video taped), a 30 minute panel discussion, have been devoted to the subject of drug abuse.

"The LSD Story," This is a recently published United States Navy Film.

APPENDIX C

WHERE TO GET HELP

SPIRITUAL PROGRAMS

Salvation Army. It operates a number of drug programs throughout the country, both outpatient and residential. Programs have a spiritual emphasis with Bible study and chapel. Most Salvation Army centers offer drug referral service. For information write: Commissioner Edward Carey, Salvation Army, 120 West 14th Street, New York, N.Y. 10011.

Young Life

A national organization for youngsters, Young Life ministers to the individual's spiritual, physical and emotional needs. Young Life refers drug users to a therapy program or a Methadone center and remains in contact with them. For information, write: Young Life, Box 273, Knickerbocker Station, New York, N.Y. 10002.

Teen Challenge

Help for anyone wishing to get off drugs is offered by Teen Challenge now located in 34 cities throughout the U.S., plus cities in Canada, Puerto Rico, Europe and South Africa. For information on the center nearest you, contact: The Rev. Don Wilkerson, Teen Challenge Center, 444 Clinton Avenue, Brooklyn, N.Y. 11238. Phone (212) 789-1414. Teen Challenge reports that some 75 percent of addicts who complete the full program stay off drugs.

Quaker Commission on Social Rehabilitation

It sponsors a residence in New York for women, an outpatient program for addicts able to remain in the community and an education program. Contact Mrs. Jane Droutman, Quaker Commission on Social Rehabilitation, 135 Christopher Street, New York, N.Y. 10014.

YMCA

Various programs help the addict: group-encounter sessions for drug users on probation, in Mansfield, Ohio. Bad Trip programs for addicts in need of emergency help, in Austin, Texas; consultation services in Minneapolis, Minnesota; and education programs throughout the country. Contact your local "Y" or one in the nearest city. Programs are also available at the YWCA.

OTHERS

Campus Life Clubs help teens in 300 centers sponsored by Youth for Christ International, P.O. Box 419, Wheaton, Illinois, 60187. Inter-Varsity Christian Fellowship works with college students. Contact: John Alexander, 1519 North Astor, Chicago, Illinois, 60610.

College councils of Knights of Columbus conduct a four-phase drug program--education, counseling, treatment and rehabilitation--on 65 college campuses.

COMMUNITY AGENCIES

Kiwanis Clubs

They sponsor Operation Drug Alert, a two-part program--first education and seminars to alert junior and senior high school students and their parents to the danger of drugs; second, they try to tell what to do about drugs, who to call for help, who to see. Check local Kiwanis Club for information.

National Family Council on Drug Addiction, Inc.

A private organization whose counseling programs for the user and his family aim at improving relationships. It helps in obtaining withdrawal treatment, follow-up care and religious guidance in the addict's own faith. Contact: Nathan S. Zucker, National Family Council on Drug Addiction, Inc. 401 W. End Avenue, New York, N.Y. 10024.

Help Line

Telephone counseling services are available in many communities. Help Line based in New York, N.Y. is one to which calls come from all over the country, many for drug help. An interviewer listens and suggests a source for help if requested. If the caller wants medical help, he is referred to a nearby agency or hospital. If he's from another city, a source in his own community is supplied. Telephone: 212-686-3061. Check your telephone book for a local service.

Family service Association of America

This service lists agencies throughout the country which has programs for the family of the drug user. The association provides education programs for parents of young children. Their aim: to prevent drug abuse. If the community does not have such a program, family agencies can be helpful in working one out. Contact: Mrs. Pauline Cohen, Family Service Association of America, 44 East 23rd Street, New York, N.Y. 10010

INFORMATION SOURCES

Community Guide To Agencies

A private coordinating council publishes a directory listing sources of help. Pamphlets on drug use are available as well as training for individuals on how to handle drug problems or set up a local agency. Contact: National Coordinating Council on Drug Abuse Education and Information, Inc., 1211 Connecticut Avenue, N.W., Suite 212, Washington, D.C. 20036.

Clearinghouse For Information

A federal agency that tells where drug treatment centers are located, runs training programs for community workers and professionals all over the country. Contact: National Clearinghouse for Drug Abuse Information, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20015

Others

Pamphlets are available from National Association of Chain Drug Stores, Inc., 1911 Jefferson Davis Highway, Arlington, Virginia 22202; Christopher News Notes, 12 East 48th Street, New York, N.Y. 10017; Superintendent of Documents, Dept. D, Government Printing Office, Washington, D.C. 20402; American Medical Association, 535 North Dearborn, Chicago, Illinois 60610. For local drug agencies, check your United Fund telephone listing for its referral service (sponsored by United Fund).

There are many halfway houses and residence programs for the addict. For information, write: International Halfway House Association, 2316 Auburn Crest Avenue, Cincinnati, Ohio 45219.

APPENDIX D

TEN STEPS FROM NARCOTICS ANONYMOUS

1. I admit that the use of drugs made life seem more tolerable, but that they have become an undesirable power over my life.
2. I am ready to go through the suffering of withdrawal and accept the ostracism of friends in the drug world.
3. I will find a person or a group with whom I can be honest about my weakness and with whom I can share the exact nature and depth of my addiction.
4. I will admit to this friend or group my shortcomings and outline the way I am trying to overcome them.
5. I will make a list of all the persons I have hurt and try to make amends whenever possible.
6. I will take a daily inventory of my activities and begin eliminating those which are contrary to good conscience.
7. I understand that to maintain freedom from drugs I must be ready to share with others any experiences from which I have benefited.
8. I will work out a worthwhile purpose in life and try with all the spiritual and physical power within my self to move toward its fulfillment.
9. I accept the fact that to face life without drugs I must develop an inner strength and it must come from a source stronger and greater than myself or any man.
10. God help me--those three words summarize the entire spirit of the preceding steps. To find myself I must submit to Him as the source of hope and strength.

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- 1 Drug Abuse, Game Without Winners, A Basic Handbook for Commanders, DA Pam 360-530. (Washington, D.C., Armed Forces Information Service Information Service, Department of Defence) p. 5.
- 2 This statement by Chaplain Hyatt was recorded from a speech presented at the Ohio Pastor's Convocation, Columbus, Ohio, 1974.
- 3 "Drug Abuse In The Army is a Top Job For The Chaplain", The Christian, October 17, 1971, p. 11.
- 4 This statement was made by Chaplain Metcalf during a retreat for chaplains at Fort Knox, Kentucky, March 1973.
- 5 For a full reading of the Ten Steps of Narcotics Anonymous, please see Appendix D.
- 6 Wayne E. Oats, The Christian Pastor, (Fev. ed., New York, Westminister Press, 1964) p. 220.

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Inclosure C to Appendix I to Advance Sheet. Statement of Authorship

Directions: Print your name, rank, social security number, branch, component, parent USAR school, and current mailing address in the designated spaces. Sign this statement using your payroll signature. Your signature on this statement constitutes certification that the article for publication in a military journal that you are submitting for a grade is your own effort. Papers that show evidence of plagiarism, as defined in paragraph 4h of the advance sheet, will be reported to the Commandant for further investigation and action as deemed necessary.

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Chaplain (Major) Andrew M. Laney has been a pastor in the Christian Church (Disciples of Christ) for twenty one years and a reserve chaplain for fifteen years. At present he is serving as senior minister of the Central Christian Church of Clearwater, Florida. He is assigned as one of the protestant chaplains for the 349th Combat Support Hospital in St. Petersburg, Florida.

Chaplain Laney's education includes: BA, Bethany College, Bethany, West Virginia, M.Div., Texas Christian University, Fort Worth, Texas and the D.Min., from Lexington Theological Seminary, Lexington, Kentucky.

Besides the above, he has attended, participated and taught in several seminars related to alcohol and drug abuse and courses related to counseling.

BIOGRAPHICAL AND PROFESSIONAL SKETCH OF

DR. ANDREW M. LANEY, D. MIN.

Dr. Andrew M. Laney was born in Siwfttown, Mississippi on September 13, 1935. After the death of his parents, Mr. and Mrs. Andrew M. Laney, at the age of 5 he was taken to Owensboro, Kentucky, where he resided with relatives and foster parents until the age of twelve. He then moved to Cameron, West Virginia to reside with his new foster parents, Mr. and Mrs. James P. Reid. While at Cameron, he lived on a farm, attended and was graduated from the Cameron High School (1954). He was President of his graduating class, a member of the Future Teacher's Association, Dramatics Club and lettered in football and basketball.

In the fall of 1954 Dr. Laney enrolled at Bethany College, Bethany, West Virginia. While at Bethany, Dr. Laney was recipient of the Timothy Award Scholarship, was a member of the Kappa Alpha National Fraternity, member of the Student Board of Governors, member of the Student Ministerial Association and the Bethany football squad. Dr. Laney financed his way through his schooling by working in the dining hall, playing football, library assistant, custodian of the Campbell Mansion and was for three years student pastor of the First Christian Church of California, Pa.

After being graduated from Bethany in 1958 with a Bachelor of Arts in Phychology and Religion, he married the former Edith Jane Goodnight of Cameron, West Virginia, and with his new bride moved to Fort Worth, Texas where he enrolled in the Divinity School of Texas Christian University.

While a student at T.C.U., Dr. Laney received a Ministerial Scholarship Grant, was a member of the Homeletical Guild, the Fort Worth Council of Churches, the Big Brother Organization and was part-time Director of Sports Activities of the Fort Worth Y.M.C.A. While in Seminary, Dr. Laney also served as Associate Minister of the Boulevard Christian Church in Fort Worth.

Dr. Laney was graduated from Texas Christian University in August of 1961 with a Master of Divinity degree with a high concentration in the field of counseling and theology. Shortly before graduation, he was ordained to the Christian Ministry by the Ordaining Council of Fort Worth and the University Christian Church of Fort Worth May 21, 1961.

In September of 1961, Dr. Laney assumed the pastorate of the First Christian Church of Moundsville, West Virginia. He pastored the church for six years, during which time 246 new members were added to its fellowship and a sixty thousand dollar indebtedness of the church was erased.

In 1966 Dr. Laney took a leave of absence from the active pastorate to assist the County Court of Marshall County in establishing a Mental Health Program. Dr. Laney was the Director of the Marshall County Department of Mental Health, an information, consultation and referral service. While in the program, Dr. Laney established an accredited school for mentally retarded children, which has subsequently been named in his honor - the A.M. Laney School For The Mentally Retarded. While in the Mental Health position, he also served as Associate Chaplain for the West Virginia State Penitentiary.

In 1968 Dr. Laney was called to assume the pastorate as senior minister of the Boyd Memorial Christian Church in Charleston, West Virginia. Besides his normal pastoral responsibilities, he served in several important functions for the Christian Churches of West Virginia - Director of Program Planning Retreats, Chairman of Department of Evangelism and Education. In 1972 - 73 he was elected to the presidency

of the State Board of the Christian Churches of West Virginia. He served on the Board of Directors for Christmount Assembly, Black Mountain, North Carolina.

Through the process of continuing education, Dr. Laney completed the academic requirements necessary to earn the Doctor of Ministry degree from Lexington Theological Seminary. The degree was granted on June 9, 1972. He is also a graduate of the U.S. Army Chaplain's College.

Dr. Laney was called to the position of Senior Minister of the Broad Street Christian Church, Columbus, Ohio on August 1, 1973. Outside of his normal pastoral duties of serving the Broad Street Christian Church, he was a member of the United Christian Center of Ohio State University and participated in several civic and community activities, including the Columbus Boys Club. Dr. Laney is a 32nd Degree Scottish Rite and York Rite Mason. He holds certification in Hospital Clinical training and served as the Protestant Chaplain of the 2291st U.S. Army Hospital in Columbus.

Dr. Laney's hobbies include golf, tennis, hunting, fishing and trap shooting.

Dr. and Mrs. Laney are proud of their three children, Jeffery Lee, Michael Kent and Andrea Dawn.

Dr. Laney became Senior Minister of the Central Christian Church of Clearwater, Florida on August 1, 1977, please feel free to contact him if you feel he can be of assistance to you or your family. All confidential matters will be kept in strict confidence. Phone: Church - 446-0988, Home - 446-1275.